



Photo 1: CTB regional team during supportive supervision of TB clinic staff

Challenge TB - Ethiopia

Year 2

Quarterly Monitoring Report

October-December 2015

Submission date: January 30, 2016

Table of Contents

1. QUARTERLY OVERVIEW	3
2. YEAR 2 ACTIVITY PROGRESS	4
3. CHALLENGE TB'S SUPPORT TO GLOBAL FUND IMPLEMENTATION IN YEAR 2	20
4. SUCCESS STORIES – PLANNING AND DEVELOPMENT	21
5. QUARTERLY REPORTING ON KEY MANDATORY INDICATORS	22
6. CHALLENGE TB-SUPPORTED INTERNATIONAL VISITS (TECHNICAL AND MANAGEMENT-RELATED TRIPS)	24
7. QUARTERLY INDICATOR REPORTING	25

Cover photo: Challenge TB team in SNNPR jointly supervising with the regional health office and mentoring of TB clinic staff, photo was taken by TB clinic staff

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	Ethiopia
Lead Partner	KNCV
Other partners	MSH, WHO
Workplan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements: *(Max 5 achievements)*

- CTB targeted key populations identified - Using the available national evidence, Challenge TB (CTB) has identified key populations to target over its project period. Currently one of the key populations identified are prisoners, and in line with this, in the Southern Nations (SNNPR), the regional CTB team in collaboration with the health office and prison administration, organized two teams and conducted baseline assessment in 10 selected prison facilities. Data entered and report available. The information will guide in prioritizing intervention areas to address TB burden in prison.
- Data quality improvement tools developed - One of the major challenges for the TB program identified during the baseline assessment in APA 1 was data quality and CTB has planned in its Year 2 work plan to address this gap. CTB team has provided technical support regional TB programs in SNNPR and Tigray to develop a data quality assurance tool (RDQA), pilot tested and integrated in the supervision checklist so that it will be used during the regular supportive supervision. In addition, building the capacity of M & E staff was vital in ensuring quality and hence, 66 (F=30) M & E staff in both CTB regions have been given a three days training course.
- National childhood TB training curriculum and tools developed - Addressing childhood TB burden in Ethiopia have been pursued during the APA1 CTB support and have been continued in APA2 work plan. CTB team have led and significantly contributed by providing technical support to the NTP in developing a national childhood TB training curriculum, job aid and monitoring tools. The training material pretested and trainers from all regional health bureau trained on the material in three rounds (57, F=18) for further cascading the training to the lower level mainly targeting the primary health care unit and child health service in Ethiopia. This is expected to improve the care and prevention activities on childhood TB in the country.
- Capacity building of regional TB team in the two CTB supported regions i.e. SNNPR and Tigray in the programmatic management is key for successful implementation and monitoring of TB prevention and control activities. Hence, regional CTB team supported technically and financially during the first quarter in conducting one joint supportive supervision and review meetings in each regions.

Technical/administrative challenges and actions to overcome them:

- Regional laboratory support could not be done in APA2 quarter 1st as per the annual work plan in SNNPR due to the regional lab head requested MoU between CTB and FMOH as a prerequisite for laboratory support in the region (though the regional health bureau didn't ask this). This has been taken to the Ministry of Health and the Ministry wrote a letter to the regional health office describing the agreement with CTB and problem solved.
- The transition and planning processes for the extended CTB project has affected the implementation of APA 2; recruitment of approved positions take time and require modifications in the approved plan (budget shifts from KNCV to MSH and vice versa). Besides, the planning processes took a significant amount of time of some experts since year 2 activities were implemented in parallel as well.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assist development of National Prison TB protocol/Guide	1.1.1	National consultative workshop conducted & prison TB guide development started	Prison TB care implementation guide /protocol drafted	Prison TB care protocol finalized	Prison TB care implementation guide printed/distributed launching done	Zero draft SOP for the implementation of TB prevention and control activities in correctional facilities in Ethiopia developed by NTP. TWG meeting and consultative workshop will be conducted in Q2	Partially met	Competing priorities for the NTP & new NTP manager were reason for delay
Assist implementation of Prison TB in CTB supported regions	1.1.2	Assessment of prison TB service in selected areas of CTB supported regions, develop action plan	Implementation started in CTB regions (Train, SS & RM on prison TB service)	Continued implementation support (SS, RM, etc)	Assess implementation outcome based on case notified per prisons supported	Situational assessment conducted in Dire Dawa-Federal Prison & SNNPR correctional facilities	Met	
Support IEC/BCC activities (community awareness, engagement, & stigma reduction activities/campaigns) *Media, IEC material coverage and support, Support the HEP in strengthening CTBC that enables active case finding and enhance cure) and measure patient delay in selected areas	1.3.1	Develop protocol to measure patient delay; review/draft available IEC material	Develop /adopt targeted IEC material & sponsor local media for TB message; pt delay assessment started	Sponsor TB message broadcasting; IEC material print & distribute; pts delay measured	Patient delay measured & shared, and action plan developed	Patient delay protocol available & will start data collection in Q2 IEC material have been reviewed	Met	Branding guideline is being revised in collaboration with head office communication team

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support finalization of national TB lab strategic plan with complete rational mapping of diagnostic services	2.1.1	National consultative workshop conducted	Finalize TB lab strategic plan, printed and distributed	Sensitization training in CTB regions done on the revised strategic plan	Sensitization training in CTB regions done on the revised strategic plan	Postponed to the next quarter	Not met	The national team /EPHI/ was communicated and activity was aligned to be performed in the next quarter
Local Capacity Building on Smear Microscopy service/ ZN and FM in CTB regions	2.1.2	TOT on AFB microscopy conducted, R & R formats printed, distributed	Trainings cascaded in CTB regions. Procure xx LED microscope	Support in conducting regular regional SS & RM	Support in conducting regular regional SS & RM	TOT on AFB microscopy & EQA guideline finalization workshop conducted with participation of 27 (F=7) national & regional lab TB staff from Dec 28-Jan 04, 2015. R & R formats printed & distributed	Met	
Strengthen the TB Microscopy EQA activities	2.2.1	Provide TA in finalizing the national EQA guideline. Support the printing of 2,000 EQA guideline; Organize TOT on EQA in CTB supported regions	Support the decentralization of EQA service in the two regions (mentorship of EQA supervisors, support RM & SS)	Follow up of progress in decentralizing EQA service (proportion of labs included in EQA)	Follow up of progress in decentralizing EQA service (proportion of labs included in EQA)	The finalization workshop conducted from Dec 28 - 30, 2015; 10 (M) participants from national & regional lab attended. Waiting for approval of EPHI Capacity Building Director, then it will be printed and distributed	Met	
Support the AFB Smear Microscopy network accreditation plan development and implementation	2.2.2	Support the organization of national consultative meeting on AFB lab network accreditation plan	Finalize action plan, support implementation in CTB regions	Support & monitor implementation	Support & monitor implementation (number of TB microscopy network standards met)	Postponed for next quarter as CTB requested for MoU	Not met	Written letter from the Ministry on the agreement with CTB delivered to regional health bureau, and activities related with regional lab has commenced

		(international STTA)						
National and regional level capacity building on TB culture for identification and DST	2.3.1	Organize training on identification & culture for regional ref lab	Support regular joint SS from NRL to RRLs	Monitor proportion of tested & bacteriologically confirmed in RRLs	Monitor proportion of tested & bacteriologically confirmed in RRLs		Not met	Due to National TB lab staff shortage, activity postponed to the next quarter
Support SLD DST	2.3.2	Support the training of NRL staff in SLD DST; and the shipment of isolates (XDR suspects) to SRL	TA on implementation of testing other drugs SLD (other than the current drugs)	Support and monitor the implementation of other drugs SLD	National capacity on SLD of NRL ensured	Presumptive XDR cases were identified, however, the national reference lab did not agree to send abroad patient sample, therefore, they decided to do it by themselves	Partially met	The planned training at the Uganda Supra national lab couldn't be successful due to their lab BSC failure, therefore, training planned for Feb 2016 and preparation is underway.
Build national and regional capacity for maintenance of laboratory equipment	2.3.3	Support attachment of biomed engineers to build regional capacity	In collaboration with ALERT Support the capacity of St Peter maintenance workshop	Procure equipment that are necessary for maintenance	CTB supported regions have equipment maintenance capacity	Preparation is finalized to attach four staff at AHRI maintenance workshop starting from Jan 25, 2016.	Partially met	
Support the implementation of lab QMS at National & Regional TB culture labs including supporting SLIPTA	2.3.4	Support international training of NRL & RRLs staff on QMS	Organize national workshop on LQMS & training on SLIPTA for national & regional lab staff	Organize QMS training for quality officers, support SLMTA evaluation document preparation & finalization	Monitor implementation of LQMS (number / percent of RRL implementing QMS)	Postponed to April 2016	Not met	The course schedule for the training on laboratory Quality Management and the WHO LQSI tools is in April 18 to 22, 2016.
Technical and material support for national and regional TB reference laboratories for national and	2.3.5	Office materials procured & TA provided on	TA support for application of accreditation of the NRL	Provide support in conducting SLIPTA audits	LQMS implemented at NRL, ALERT & St Peter labs	ALERT hospital already accredited with AFB smear microscopy and in the process of GeneXpert	Partially met	Office materials & other necessary equipment will be supported based on their need

international accreditation (focus on ALERT & st. Peter)		QMS for NRL, ALERT & ST Peter labs		in RRLs		accreditation. Therefore, in regard to supporting the accreditation of GeneXpert, training and technical support was provided for both hospitals.		
Local Capacity Building on GeneXpert MTB/RIF diagnostic technology	2.4.1	Sensitization workshop for HCWs conducted; training on Xpert for lab staff conducted	Procure five Xpert, 21 stabilizers & 21 calibration kit	SS & mentorship done in CTB regions	SS & mentorship done in CTB regions	Sensitization workshop for HCWs conducted from Dec 3-4, 2015 in (ALERT & St Peter) for 51 (F=27) participants. Training on Xpert for laboratory staff in A.A conducted for 17 (F=6) participants at ALERT. In Dire Dawa town for 16 (F=6) lab staff from Dec 9- 12, 2015. And, in Harar for 18 (F=9) lab staff	Met	
Strengthen the sample transport system for Culture/DST and GeneXpert services	2.6.1	Organize in the two regions review meeting on sample transportation	conduct sensitization workshop for the postal personnel's on sample transportation in both regions			In Tigray, Review meeting conducted and action plan to improve referral system outlined	Partially met	The SNNPR regional lab has requested CTB project to submit MOU, therefore, APA2 planned activities couldn't be achieved in SNNPR

Sub-objective 3. Patient-centered care and treatment

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support implementation of Childhood TB roadmap	3.1.1	Finalize the national training, job aid and monitoring tools for childhood TB	Pilot an integrated child TB care in IMNCI clinics in selected PHCU of A.A	support regular joint monitoring and SS for pilot HFs	Report on progress and lessons learned	1. Final draft for childhood TB training material completed; 2. M&E and JOB AID were also drafted 3. Three rounds of TOT on Childhood Tb	Met	

		care				conducted 57 (M=39; F=18) professionals trained. And, CTB technically supported NTP in doing all these?		
Strengthen a national panel of experts on PMDT	3.1.2	Develop a TOR on panels of expert	Conduct regular clinical review meeting	Conduct regular clinical review meeting	Conduct regular clinical review meeting	A draft TOR developed	Met	
Strengthen TB/HIV collaborative activities at all levels	3.1.3	Support Joint SS in the CTB regions;	Support & participate in the biannual NTP & CTB regions review meeting	Continue joint SS conducted in the CTB regions	TB/HIV indicators progress assessed (IPT & ART for PLHIV) in the CTB regions	One round of supportive supervision & mentoring conducted in CTB regions to prioritized health facilities	Met	
Provide TA at national level in dev't of protocol/tool CTBC in Pastoralist & rural settings and assist in impl'n rural communities in two regions (GF Supported activity)	3.1.4	Actively participate in the protocol devel't of CBTC	Identify areas of support and assist CBTC impl'n	CBTC implemented and monitored	CBTC implemented and monitored	<ol style="list-style-type: none"> 1. CTB technically & financially supported the dev't of assessment tools & conducting situational assessment on CBTC. 2. Technically supported revision of Integrated Refresher Training manual (IRT). 3. Technically and financially supported national CTBC workshop and IRT TOT, total=81 (M=75; F=6) 	Met	The CTB support is for selected Woredas implementing the GF awarded core CBTC activity in the country
Support Implement'n strategy/approaches to improve TB case detection in	3.1.5	Organize launching & consultative	Capacity building started (train,	Support joint SS and RM on urban TB	Continue supporting targeted urban	<ol style="list-style-type: none"> 1. Urban TB Framework drafted 2. Official launching 	Partially met	- Official launching for Addis Ababa and assessment in Harari and Addis Ababa will

urban slum (Map slum areas, areas of homeless people, Identify local charity shelters with vulnerable groups (elderly, orphanage ...), Identify work places with potential TB transmission)		workshop, conduct assessment /mapping & prioritization done	monitor, SOP, job aids, etc)		TB intervention areas	and introduction of CTB project conducted for Dire Dawa and Harari towns 3. Situational assessment conducted in Dire Dawa. The assessment halted in Harari due to civil unrest in the area		be conducted in QII - Framework to be finalized in QII by consultative meeting
Adopt Standard of Care for routine monitoring of access to quality care	3.2.1	Support the national task force/TWG in drafting SOC tool	Finalize SOC tool, RHBs sensitized and supported in using the (SOC)	SOC monitored in selected zones	SOC monitored in selected zones	SOC drafted, incorporating comments and pretested in the two regions (Tigray/SNNPR)	Partially met	Because of competing priorities for the NTP it was not possible to do it at the national level. But CTB finalized the SOC tool, pre tested it and made it available for the two CTB regions.
Cohort review for MDR-TB cases	3.2.2	Build capacity of data officers, PMDT team on cohort review (sensitize, adopt quarterly review tool)	regular cohort review conducted	regular cohort review conducted	regular cohort review conducted	Sensitization was made with NTP, St. Peter, ALERT and regional TICs to implement quarterly cohort review analysis.	Met	
Assist implement routine hearing testing for MDR-TB patients; in development and implementation of drug toxicity monitoring system	3.2.3	Start procurement process of two audiometry	Procure audiometry	Capacity building of local staff & follow up of ADR	Follow up of ADR	Started and in process of collecting quotations	Partially met	
Patient support	3.2.4	Organize a forum to discuss and advocate on pts support	Minimum / basic pts support package standardized	Assist in selected sites with minimum pts support package	Assist in selected sites with minimum pts support package	National workshop on “Nutritional patient support program for MDR-TB patients” was conducted from Dec 28-29, 2015. A consensus was reached to start a routine nutritional assessment and counseling, standardize the	Met	

						nutritional support for MDR-TB patients in regions, and pilot the integration of the nutritional support with WFP system		
Support ALERT & St Peter to be CoEs for TB, MDR TB & X-DR TB clinical care	3.2.5	CoE defined and capacity building started (e.g functional lab, etc)	Continued capacity building, regular SS, mentorship conducted	STTA done to monitor capacity building progress	at least one CoE established, functional	CoE defined and capacity building started. The negative pressure at the renovated culture and DST laboratory at AHRI/ALERT completed and AHRI started the procurement of MIGT, bio safety cabinet and related equipment and item to make the lab functional. The renovated culture and DST lab at St. Peter TB specialized hospital completed and received provisional acceptance. In the process of developing specification for the negative pressure installation.	Met	
support implementation and scale up of new drug regimen and monitoring system	3.2.6	Do comparative Assessment on quality of work between pts on regular PMDT & STREAM Trail	Training on PMDT in relation with the shorter regimen	Mentorship to selected sites	Mentorship to selected sites	Discussion was done with ALERT MDR-TB team & STREAM trial team. There is a very strong collaboration between the two teams, they conduct joint clinical round in the ward, manage patients together. Those patients in the routine MDR-TB service who failed treatment will get SLD LPA service from STREAM trial and will be put on the necessary modified regimen.	Met	This was done as part of site visit & discussion with MDR-TB & clinical trial of the two CoE staff where the STREAM trial is ongoing
Support PMDT in the two rural and urban region	3.2.7	regional PMDT team	regional PMDT team	regional PMDT team	regional PMDT team	Supported in conducting a regular catchment area	Met	

		supported in conducting regular cohort review, etc	supported in conducting regular cohort review, etc	supported in conducting regular cohort review, etc Conduct Trainings	supported in conducting regular cohort review, etc	meeting, cohort review and training conducted for TICs in the two CTB regions		
--	--	--	--	---	--	---	--	--

Sub-objective 4. Targeted screening for active TB								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Improve Contact Investigations (CI) in the two regions and urban settings (PLHIV/children)	4.1.1	Sensitize & support the implementation of CI through regular SS & job aids	translate, print, distribute IEC material to improve awareness & demand for the service	SS, RM & mentorship of TB clinic staff on CI	SS, RM & mentorship of TB clinic staff on CI	Sensitization workshop have been cancelled due to regional health bureaus competing priorities	Partially met	Job aids e.g. anti-TB dosing for children, Dx algorithms & screening & IPT monitoring tools have been drafted during the national childhood TB roadmap & training material preparation.
Provide IPT for <5 household contacts of bacteriologically confirmed index patients in the two regions	4.1.2	Support the availability of job aids, SOPs & monitoring tools for IPT <5yrs	Support joint regular SS and mentorship on IPT for <5yrs contacts	Routine monitoring done on IPT for <5 yrs contact	Assess proportion of children <5yrs on IPT from demonstration HFs	Printing of job aids & monitoring tools need final endorsement by the Ministry & RHBs.	Met	Job aids & monitoring tools developed during the development of the national roadmap & training material preparation in APA1.
Assist development of ACF strategy & guide	4.2.1	* Risk Prioritization done using WHO tool Support in conducting consultative meetings on ACF	Finalize ACF strategy for key population	Support the implementation of ACF in as per strategy developed	Support the implementation of ACF in as per strategy developed	Adapted the WHO risk prioritization tool	Not met	No progress

Sub-objective 5. Infection control								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Assist in implementation & monitoring of TBIC at selected HFs & congregate setting	5.1.1	Develop protocol for HH of MDR-TB pts assessment	Assessment started	Assessment finalized and share findings	action plan developed (for APA3) to address infection control at HH level	Protocol drafted, finalization of the protocol & submission for regional ethical approval will be done in Q2	Partially met	
Provide comprehensive TB-IC package support and ensure best practices and support the use of UVGI in ALERT and St Peter's hospitals as MDR/XDR-TB Centers of Excellence	5.1.2	STTA conducted & areas of support identify	Procurement of identified equipments & commodities	Train & install equipments	Monitor implementation	CTB competing priorities (planning, etc)	Not met	Planned for Jan 13-23, 2016
Assist in implementation of Clean & Safe Health Facility (CASH) initiative in TB and MDR TB clinics of selected sites	5.1.3	Assess opportunity to strengthen TB IC implementation at ST Peter	Continued support TB IC based on recommendation of assessment	Continued support TB IC based on recommendation of assessment	Best practice identified & shared	.	Not met	Planned for Jan 13-23, 2016
Sensitize the two agrarian regions to monitor and accurately report on TB disease among HCW	5.2.1	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Strengthen the routine R & R of TB among HCWs (e.g. SS, mentoring, etc)	Sensitization has been done during the regular joint SS for TB clinic staff on recording of (the type of profession in the already available column of TB register)	Partially met	
Demonstrate Integration of TBIC in implementing IP chapter of Ethiopia's Hospital Reform in selected sites (OR context)	5.2.2	draft protocol for active surveillance in collaboration with selected hospital management	Continued protocol development (e.g. consensus building, etc)	Implementation of the protocol in selected hospitals	Follow up of implementation of the protocol in selected hospitals		Not met	Planned for Jan 13-23, 2016

Capacity building for CSO/professional association members on TBIC	5.2.3	CSO identified in CTB supported regions	Capacity building for selected CSO (TB CARE experience)	Follow up of implementation done	Follow up of implementation done		Not met	Postponed to expanded CTB period
--	-------	---	---	----------------------------------	----------------------------------	--	----------------	----------------------------------

Sub-objective 6. Management of latent TB infection

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
support implementation of "accelerated IPT implementation plan" for PLHIV in high volume facilities	6.1.1	High volume HFs in CTB regions identified, INH availability ensured	Targeted sensitization on IPT conducted	regular follow up, SS, RMs supported	Proportion of PLHIV on IPT monitored in selected sites	CTB supported regions in identifying high volume HFs and on monitoring INH stock regularly as part of the general TB drug supply	Met	
scale up IPT for eligible U-5,	6.1.2	Ref to 4.1					Choose an item.	

Sub-objective 7. Political commitment and leadership

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Standardize monitoring tools for TB control program implementation	7.3.1	Consultative meeting held	Standardized checklist developed			Draft supportive supervision checklist developed and tested on the field.	Not met	The draft tool is ready and the consultative meeting will be conducted in the next quarter
Support the NTP to strengthen monitoring of the TB program implementation	7.3.2		supervisory visit conducted		supervisory visit conducted		NA	Planned for Q2
Support the NTP to strengthen monitoring of the TB program implementation	7.3.3		National Semi-annual review meeting conducted		Annual national review meeting supported.		NA	Planned for Q2
Support Regional level supportive supervision	7.3.4	supervision conducted	supervision conducted	supervision conducted	supervision conducted	A joint supportive supervision with RHB	Met	

						conducted in SNNPR and Tigray region 1x in this quarter.		
Support regional level TB program review meetings	7.3.5		Review meeting conducted		Review meeting conducted		NA	Planned for Q2
Support participation of the NTP on international TB conference	7.2.1	NTP participated on conference				Supported the participation of NTP coordinator in the UNION Conference	Met	

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support NTP in developing TOR for national coordinating bodies	8.1.1	Draft TOR developed	consultative workshop conducted and TOR finalized			Draft TOR developed	Met	
Support NTP in revitalizing the existing coordinating bodies	8.1.2	TWG meeting conducted	TWG meeting conducted	TWG meeting conducted	TWG meeting conducted	Discussion made with the NTP coordinator and consensus reached on to revitalize the existing TWG	Partially met	The revised TB/HIV TWG TOR will be endorsed on the 2 Q TWG meeting to revitalize the working group and strengthen the coordination mechanism.
Conduct quarterly TWG meeting at national level	8.1.3	quarterly TWG meetings held	quarterly TWG meetings held	quarterly TWG meetings held	quarterly TWG meetings held	quarterly TWG meetings held	Met	TB/HIV Technical Working Group meetings conducted in Tigray and SNNP regions,
Coordination to support GF grant implementation	8.2.1		oversight committee monitoring visits supported		oversight committee monitoring visits supported		NA	Planned for Q2
Conduct consultative workshop for the revision of TB IRT module	8.2.2		Consultative Workshop held		IRT Module revised		NA	Planned for Q2

Sub-objective 9. Drug and commodity management systems								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support NTP in Forecasting & Quantification of anti-TB drugs & lab commodities	9.1.1		Review of Forecasting & quantification exercises done in previous years	Forecasting and quantification workshop on anti TB pharmaceuticals conducted	1. Forecasted & quantified list of anti-TB pharmaceuticals ready for procurement 2. anti TB pharmaceuticals procured	No activity planned for 1 st Q	NA	Planned for Q2
TB Patient Kit implementation	9.1.2	TB PK implementation status at HFs assessed	Job Aid on the use of TB PKs at HFs availed	TB PKs implemented properly at 300 HFs	TB PK system in place in the two regions	A total of 141 TB clinic staff in 3 rounds (F = 59) were trained on the implantation of TB patient kit use in CTB supported region in order to improve the availability of TB drugs at these facilities.	Met	NB. Q1 milestone is already achieved, TB PK implementation assessed during the baseline assessment
Strengthen IPLS implementation	9.1.3	IPLS implementation status assessed	Updated LMIS tool availed	Joint supervisions conducted	IPLS system in place in the two regions	1. CTB supported the national PFSA in availing 5 types of Reporting and Requisition Forms (RRFS) which are 6,523 pads in total, to report and request pharmaceuticals including TB drugs. 2. CTB also technically supported the national PFSA in the development of a distribution system for small quantity anti-TB drugs	Met	NB. Q1 milestone already achieved during the baseline assessment

support pharmacy HR capacity building in the management of TB DSM esp. management of SLDs	9.1.4	Training need on the management of SLDs assessed	MDR treatment sites send their report and consumption(r equistion) to PFSA and RHBs regularly	RHB will compile and ask PFSA to supply MDR TB treatment sites according to their request	Proper SLDs management system in place according to the guideline	Done by analyzing the baseline assessment	Met	
Support integration of TB commodities into auditable pharmaceutical transactions and services (APTS) system in selected regional Hospitals	9.1.5	Facilities for the implemtation of APTS selected	APTS implemtation which incorporates TB drugs started at the selected HF	TB drugs transaction report generated	APTS system which incorporates TB drugs in place in the selected HF	Activity postponed for next quarters.	Not met	Competing priorities for PFSA & RHBs, planned for expanded CTB supported
Support and Conduct supportive Supervision on TB DSM	9.1.1							

Sub-objective 10. Quality data, surveillance and M&E

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support development & implementation of eRR of TB, TB/HIV & MDR TB in phased manner including Piloting eRR at regional level	10.1.1	stakeholders meeting conducted & outcome of the workshop documented	Action plan developed & budgeted	Regional pilot implementation started	Experience shared and scale up plan drafted	STTA has been done in Dec 2015, met key stakeholders including HMIS/FMOH. Currently the ministry stand is for an integrated surveillance system, and the support of KNCV in this regard is not needed for now.	Met	NB. KNCVs approach is to be standby in case the FMOH/PPD initiates a role for KNCV to support enhancement of the TB surveillance system (ERR integrated in HMIS or DHIS). Therefore, please note that the next quarters milestones will not be relevant given the current stand of the Ministry
RDQA implemented & monitored	10.1.2	Regional RDQA tool reviewed,	RDQA monitored quarterly	RDQA monitored quarterly	RDQA monitored quarterly	RDQA tools developed, piloted and will be used during the routine SS for	Met	

		incorporated in to SS				HF in CTB regions		
Build capacity of M & E staff in selected woredas /PHCU	10.1.3	1st round training on TB M & E per region conducted	2nd round training on TB M & E per region conducted	Supportive supervision & mentorship conducted	Supportive supervision & mentorship conducted	CTB supported technically & financially for the training of 62 (F=30) M & E /HIT staff in the two regions	Met	
Support use of GIS technology for program improvement	10.1.4	Key stakeholders meeting held on the use of GIS for TB program	National / regional M & E staff trained on GIS	Use of GIS at CTB regions monitored	Use of GIS at CTB regions monitored	HMIS/GIS focal person, NTP head & KNCV staff discussed & developed action plan	Met	
Support Data management system of PMDT	10.1.5	Review / assess data management for PMDT, ensure availability of R & R tools	2 rounds of training conducted on MDR-TB M & E for CTB supported sites	Regular SS & mentorship conducted in CTB sites	Regular SS & mentorship conducted in CTB sites	Updated R & R available at national & regional level. Support on supportive supervision, regular catchment area meetings & cohort review are in progress	Met	
Support TRAC and promote usage of OR results on high priority areas	10.2.1	National OR roadmap reviewed & updated (e.g. key population addressed)	Annual TRAC conference & regular members meeting supported	1 round of national OR training conducted	CTB regional OR team revitalized (TB OR prioritized & monitored)		Not met	Organized symposium during the 2015 TRAC conference to discuss on the need to revise the roadmap, however, there is a guidance from the Ministry to wait & see for any gap on TB OR in the document that being developed by EPHI which is supposed to be a comprehensive research roadmap for the country
Support TB OR grant scheme	10.2.2	Advertised for LOI on TB OR high priority areas	Selected & supported at least 5 TB OR	Monitored & supported the conduct & finalizing of OR	Results/findings of OR shared and disseminated	A call for LOI advertised for regional OR teams, a total of 18 LOIs received & reviewed using a checklist and six were selected & communicated to submit their full	Met	

						proposals. All proposals reviewed and feedback provided for final approval		
Support participation at the Union conference for 4 authors presenting their findings, 2 NTP staff & 2 CTB staff	10.2.3	Identify & support the travel of 4 authors	Follow up on publication & dissemination			From the OR teams of Addis Ababa regional lab & Amhara RHB staff supported to present their abstract at the Union conference in Cape town	Met	
Support NTP to conduct Urban MDR-TB initiative as part of OR activity (Gene Xpert testing of all presumptive TB cases in urban region)	10.2.4	Provide TA on the protocol development	Identify resource gap & support in the conduct of the study	Monitor & provide TA	Support in disseminating study findings		Not met	This is part of the incentive funding of the GF support, and waiting the Ministry call for TWG meeting on the subject
conduct epi assessment to investigate current upward trend after the earlier decline, what is the true trend.	10.2.5				Assessment will be done in the last quarter of EFY	Not planned for 1st Q	NA	Planned for Q2

Sub-objective 11. Human resource development

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Support FMOH/RHBs HRD strategy through strengthening annual operational planning and supportive supervision	11.1.1	Support Joint S.Supervision	Support Joint S.Supervision	Support Joint S.Supervision	Support Joint S.Supervision	Joint SS conducted in the two regions	Met	
Assist IRT to HEWs on the TB module	11.1.2	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	supportive supervision conducted	Technically supported the revision of IRT module; technically & financially on IRT TOT 81 (F=6)participants,	Met	

Strengthen capacities of HITs	11.1.3		Review meeting conducted		Review meeting conducted		NA	Planned for Q2
Enhance Quality TB planning through Supporting Comprehensive TB, TB/HIV and PMDT plans at Woreda Based National planning (WBNP)	11.1.4			Support WBNP	Support WBNP	No activity planned for Q1	NA	Planned for Q3
support in service training	11.1.5	first consultative meeting held		proof of concept piloted	curriculum agreed & postponed for expanded CTB period due to competing priorities	Activity cancelled	Not met	This activity differed, as it involves curricula revision and this is not planned by the Ministry of Education in the year of APA2
Organize International Training		Organize the training					Not met	Postponed to expanded CTB period

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating*	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
ETH-607-GO6-T	B1	N/A	USD 150.2 m	USD 101.8m	
Investing for impact against Tuberculosis and HIV (July 2015 – Dec 2017)	B1	B1	58,177,462	10.2 million**	NA

** The NTP is expecting a disbursement of \$25 million in 2016 in six trenches and as of to date, \$10.2 million is received in two trenches.

* Since January 2010

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

The new funding model for TB financial support has been signed in July 2015. In the past GF implementation issues were fund utilization and liquidation in the country has been the major challenge.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

Global fund implementation has been enhanced by CTB support through gap identification and including it in the annual work plan of CTB support as well as general programmatic support such as supportive supervision, review meetings and capacity building of staff that will enable the overall goal of the NTP in addressing the burden of TB, TB/HIV and MDR-TB in the country.

4. Success Stories – Planning and Development

Planned success story title:	
Sub-objective of story:	4. Targeted screening for active TB
Intervention area of story:	4.1. Contact investigation implemented and monitored
Brief description of story idea:	
Status update:	

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010			Jul – Sept 2015 report is annual data reported by NTP. Oct-Dec 2015 will be updated when data available from NTP
Total 2011			
Total 2012			
Total 2013			
Total 2014			
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015	648	597	
Oct-Dec 2015	Currently no data	Currently no data	
Total 2015			

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		July-Sept 2015 SNNPR	July-Sept 2015 Tigray	Apr- Jun 2016	Jul- Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area (<i>List each CTB area below - i.e. Province name</i>)						CTB support in SNNPR 4 zones & reports for Oct-Dec 2015 is not ready
	Gedeo zone	531	South=394				
	Gamogoffa zone	498	Central=432				
	Kaffa zone	229	NW=233				
	Segen zone	157					
	TB cases (all forms) notified for all CTB areas (4 zones in SNNR)	1415	1059				
	All TB cases (all forms) notified in SNNR	6191					
	All TB cases (all forms) notified nationwide (denominator)	Not available yet	Not available yet				
	% of national cases notified in CTB geographic areas						
Intervention (setting/population/approach)							
Community referral	CTB geographic focus for this intervention	(4 zones in SNNR)	(3 zones in Tigray)				
	TB cases (all forms) notified from this intervention	1536	217				
	All TB cases notified in this CTB area (denominator)	6,191	1059				
	% of cases notified from this intervention	24.8%	20.5%				
Children (0-14)	CTB geographic focus for this intervention	(4 zones in SNNR)	(3 zones in Tigray)				
	TB cases (all forms) notified from this intervention	169	87				
	All TB cases notified in this CTB area (denominator)	6,191	1059				
	% of cases notified from this intervention	2.7%	8.2%				
Choose an item.	CTB geographic focus for this intervention						
	TB cases (all forms) notified from this intervention						
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed	Duration of visit (# of days)	Additional Remarks (Optional)
			Q 1	Q 2	Q 3	Q 4					
1	KNCV	Nico kalisvaart	x				ERR support to the NTP	Complete	Dec 21-25, 2015	5 days	
2	KNCV	Christine Whalen	x				Technical support – Expanded CTB planning	Complete	Nov 9-13, 2015	5 days	
3	KNCV	Dianne van Oosterhout	x				Operational support and planning for Expanded CTB	Complete	Nov 9 - 13	5 days	
4	KNCV	Katja Brenninkmeijer	x				HR support	Complete	Oct 5-9	5 days	
5	KNCV	Max Meis	x				TB IC for CoE center	Complete	January		
6								Choose an item.			
7								Choose an item.			
8								Choose an item.			
9								Choose an item.			
10								Choose an item.			
Total number of visits conducted (cumulative for fiscal year) = 4											
Total number of visits planned in approved work plan = 5											
Percent of planned international consultant visits conducted = 80%											

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.6. ETHIOPIA SPECIFIC: Status of National Policy for prisons		annually	no	yes	Measured annually	NTP & partners have started working with prison administration in a very limited areas in the past two years. NTP has a plan to work with a clear policy & guidance
1.3.1. Patient delay	Geographic location-CTB supported	annually	30 days	15 dys	Measured annually	
1.4.5. Provider delay	Geographic location-CTB supported	annually	5 dys	3 dys	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.		annually	0	1	Measured annually	The national reference lab has its own general operational plan
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System (LQMS).		annually	8/9	9/9	Measured annually	
2.2.7. Number of GLI-approved TB microscopy		annually	9/11	11/11	Measured annually	

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
network standards met						
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.		quarterly	1360 /134,343	TBD	No data (We expect it to be available at the end of Jan 2016 or early Feb)	National policy of DST is for those who are at higher risk of DR-TB, not for all confirmed TB cases. Therefore, data provided here is testing for those who are at higher risk
2.4.1. GeneXpert machine coverage per population (stratified by Challenge TB, other)		annually	31	TBD	Measured annually	
2.6.4. # of specimens transported for TB diagnostic services		quarterly	Q-2 of APA2	TBD	This indicator is not reportable in Ethiopia/NTP	There is no data

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach		quarterly	134,343 (60%)	152,000 (68%)	July – Sept 2015 data: SNNPR = all forms of TB = 1415; children = 169 Tigray = all forms of TB = 1059; children = 87	CN is not disaggregated by setting,
3.1.4. Number of MDR-TB cases detected		quarterly	865	1350	NTP & CTB regions reports are not yet ready	Reports expected to be ready at the end of Jan or early Feb 2016
3.1.5. #/% health facilities implementing intensified		annually	0	10	Measured annually	

Sub-objective:	3. Patient-centered care and treatment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
case finding (i.e. using SOPs)						
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).		annually	90	95	Measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment		quarterly	216	335	NTP & CTB regions reports are not yet ready	When?
3.2.7. Number and percent of MDR-TB cases successfully treated		annually	80	82	Measured annually	
3.2.8. #/% of PMDT sites reporting on treatment cohort status quarterly		quarterly	No data	8	Measured annually	Sensitization & capacity building started for TICs in CTB regions

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
4.1.2. #/% of children (under the age of five) who are contacts of bacteriologically-confirmed TB cases that are screened for TB		quarterly	30	50	No data	The revised TB register capture this information, however, it isn't a reportable indicator for HMIS. The planned CTB support is to sensitize & avail tools so that information on this activity available at least in CTB supported regions
4.2.1. Status of active case finding (0=no ACF policies or practices implemented;		annually	0	1	Measured annually	

Sub-objective:	4. Targeted screening for active TB					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1=policies or laws supporting ACF have been enacted; 2=ACF policy has been piloted/introduced in limited settings; 3=ACF policy implemented nationally)						

Sub-objective:	5. Infection control					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
5.1.2. #/% of health facilities implementing TB IC measures with Challenge TB support (stratified by TB and PMDT services)		quarterly	Q-2 of APA2	TBD	No data	The plan is to make it part of the Quall TB/standard of quality of Care tool and be collected during Supportive Supervision (during expanded CTB implementation). The Qual TB tool includes TBIC indicators
5.2.3. Number and % of health care workers diagnosed with TB during reporting period		annually	Obtain baseline data in selected demonstration hospitals in APA 2	TBD	Measured annually	

Sub-objective:	6. Management of latent TB infection					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
6.1.11. Number of children under the age of 5 years who initiate IPT		quarterly	No data	20	No data	TB unit register capture the information but not reported to the next higher level
6.1.2. % of eligible persons completing LTBI treatment, by key population and adherence strategy		quarterly	1650	2000	No data	There is no national LTBI treatment register. Adaptation & scaled up use of HEALTB IPT register is the planned activity in Y2

Sub-objective:	7. Political commitment and leadership					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
7.3.3. ETHIOPIA SPECIFIC: Measure implementation of NSP		annual	Q-2 of APA 2	TBD	Measured annually	
7.2.3. % of activity budget covered by private sector cost share, by specific activity		annual	APA-2 (obtain info from USAID/PHSP)	TBD	Measured annually	

Sub-objective:	8. Comprehensive partnerships and informed community involvement					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
8.1.3. Status of National Stop TB Partnership		annually	0	TBD	Measured annually	
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources		annually	APA2	TBD	Measured annually	
8.2.1. Global Fund grant rating		annually	B1	A2	Measured annually	

Sub-objective:	9. Drug and commodity management systems					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		annually	Q-1 of APA-2	TBD	Measured annually	

Sub-objective:	10. Quality data, surveillance and M&E					
----------------	--	--	--	--	--	--

Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
10.1.4. Status of electronic recording and reporting system		annually	1	2	Measured annually	Ministry wants for an integrated eRR (not disease specific), therefore, they will call for key stakeholders to support the activity when ready to start
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented		annually	no	no	Measured annually	
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)		annually	Q-1 of APA-2	TBD	Measured annually	
10.2.7. Operational research findings are used to change policy or practices (ex, change guidelines or implementation approach)		annually	Q-1 of APA-2	TBD	Measured annually	

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	by sex and technical area	quarterly	974 (F=293) annual APA1	1300	566 (F=185)	DSM = 293 (F=86) Lab = 164 (F=59) M & E = 62 (F=30) PMDT = 47 (F=10)
11.1.5. % of USAID TB funding directed to local partners		annually	APA2	TBD	Measured annually	

